

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
HEALTH SERVICES DIVISION

103 DOC 610

CLINICAL CONTRACT PERSONNEL AND THE ROLE OF DOC HEALTH SERVICES

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MASSACHUSETTS DEPARTMENT OF CORRECTION	DIVISION: HEALTH SERVICES
TITLE: CLINICAL CONTRACT PERSONNEL AND THE ROLE OF DOC HEALTH SERVICES	NUMBER: 103 DOC 610

PURPOSE: To establish general Health Services standards for clinical staff contracted to provide medical, dental, mental health and forensic mental health services in Department facilities by defining qualifications and specific responsibilities of those personnel. This includes health related training and education of Department personnel and inmates, staffing, and quality assurance. In addition, this policy will clarify the role of the Division of Health Services as it relates to the contractual provider(s).

REFERENCES: MGL C 124, § 1(c), (q).; 243 CMR 3.05; 103 CMR 485

ACA Standard: 3-4326, 3-4327, 3-4328, 3-4334, 3-4335, 3-4338, 3-4340, 3-4363, 3-4364, 3-4369. NCCHC Standard: P-03, P-04, P-05, P-06, P-09, P-18, P-19, P-20, P-21, P-22 P-23, P-24, P-25, P-52

APPLICABILITY: Staff/Inmates **PUBLIC ACCESS:** Yes

LOCATION: DOC Central Policy File, Facility Policy File, Health Services Division Policy File

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Director of Health Services, Superintendents, Contractual Medical Provider Program Director

EFFECTIVE DATE: 9/21/06

CANCELLATION: This policy cancels all previous Department policy statements, bulletins, directives, orders, notices, rules or regulations regarding Health Services standards for clinical contractual staff.

SEVERABILITY CLAUSE: If any article, section, subsection, sentence, clause or phrase of this policy is for any reason held to be unconstitutional, contrary to statute, in excess of authority of the Commissioner or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of this policy.

610.01 General Policy

In concert with the Division of Health Services, the contractual medical provider shall be solely responsible for making all decisions with respect to the type, timing and level of services needed by inmates covered under the contractual agreement with the Department of Correction. The Department of Correction Health Services Division shall ensure that all contractual medical, nursing, dental, mental health, forensic mental health and support staff shall have qualifications and experience consistent with those of their respective professions in the general community. The qualifications of contractual clinical staff shall be in compliance with all applicable requirements for licensure, certification, or registration in effect in the Commonwealth of Massachusetts. Verification of current credentials shall be kept on file at each facility.

1. The Health Services Division shall ensure that the contractor provides each facility having on-site clinical personnel with written job descriptions that define the specific duties and responsibilities of these personnel. These job descriptions shall have approval of the Director of Health Services or designee and shall be reviewed at least annually.
2. Matters of medical, mental health and dental judgment are the sole province of the responsible physicians, psychiatrists or dentists.
3. The contractual medical provider will maintain a manual of written policies and defined procedures specifically developed for the individual facilities and approved by the Director of Health Services. All policies and procedures will be in compliance with the American Correctional Association (ACA), the National Commission of Correctional Health Care (NCCHC) Standards, and in the case of Bridgewater State Hospital with JACHO standards and shall be reviewed at least annually for necessary revisions. When there is a conflict between standards the more restrictive will be adhered to.

610.02 Contractual Clinical Personnel

The selection of contractual medical providers by the Department shall be achieved through a competitive selection process in

accordance with 801 CMR 21.00. Physician coverage, as well as other clinical coverage in Department facilities will be defined through the contractual agreement between the Department and contractors. Any changes in staffing patterns (matrices) made during the life of an agreement must be pre-approved by the Director of Health Services.

Each professional group shall have a Program Director who shall report directly to the Director of Health Services for administrative supervision.

1. The Program Medical Director of the contractual medical provider group shall be responsible for clinical supervision of all contractual staff who provide services within the Department under their contractual agreement. The Program Medical Director of the contractual group will designate a Medical Director at all facilities covered by the agreement, who will be responsible for health services at that facility and be responsible for final medical judgments.
2. Health care, including psychiatric services, shall be discussed at least quarterly at documented administrative meetings between the on-site Medical Director, the Health Service Administrator, the Superintendent of the facility and other members of the health care and correctional staffs, as appropriate. Regular monthly and quarterly statistical reports shall be submitted to the superintendent by the health services administrator, along with an annual summary report, to include at least the number of inmates receiving health services by category of care, operative procedures, referrals to specialists, prescriptions written, laboratory and x-ray tests completed, infirmary admissions (if applicable), onsite or offsite hospital admissions, serious injuries or illness, HIV testing, TB testing, emergency services and inmate deaths. In addition, there will be a health service staff meeting at least monthly to review administrative procedural issues.
3. The contractual provider shall insure that all physicians providing services to Department facilities shall be licensed in the Commonwealth of Massachusetts to the extent required by 243 CMR, Board of Registration in Medicine, §3.05 and shall submit verification of unrestricted

licensure along with evidence of DEA and DPH pharmaceutical registration, and malpractice insurance coverage prior to the date that the physician commences the provision of services to the Department. Complete credential packages shall be submitted within three months of employment and acted upon by the contractual provider within a reasonable time. The Department shall specify requirements for board certification or eligibility in the contractual agreements for physician services of a specialty nature.

4. The Program Director of the contractual provider shall designate an individual(s) to conduct physician credentialing and each physician shall be re-credentialed every 2 years. All credentialing records shall be the property of the Department of Correction.
5. The contractual provider shall insure that all other personnel shall be licensed, certified or registered to the extent required by law to perform the requirements of their positions in the Department facilities. The contractual provider shall conduct any credentialing required of these staff as may be required by the pertinent regulatory authorities.
6. The contractual provider shall insure that all clinical personnel complete all continuing education requirements necessary for licensure and receive at least 12 hours of continuing education or staff development that is appropriate for their position.
All qualified health care professionals who have patient contact must have current training in cardiopulmonary resuscitation (CPR).
7. The Program Medical Director of the contractual group and each designated Medical Director shall monitor the health care services rendered by mid-level practitioners as follows:
 - a. Evidence of quarterly supervision of all physician assistants and nurse practitioners shall be kept on file with the contractual provider.
 - b. A current list of supervising physicians for individual physician assistants and nurse practitioners shall be forwarded to the Massachusetts

Board of Registration in Medicine with a copy sent to the Director of Health Services.

8. All contractual personnel must receive security clearance by the Department prior to the provision of services. This will include a Board of Probation, NCIC check and fingerprinting. Whenever either a NCIC check or fingerprint card is returned as problematic, the Director of Health Services will take appropriate action.
9. All contractual personnel shall be subject to all rules and regulations of the Department which are set forth in the Departmental "Blue Book".
10. Through the contractual provider, the Division of Health Services will ensure that an adequate number of health care staff members of varying types are available commensurate with the scope of services provided at the individual facilities. The Health Services Administrator at each facility shall recommend the health care personnel requirements in all categories in order to provide inmate access to health care staff and services. Such recommendations shall be reviewed by the program director and the Director of Health Services on a regular basis. The staffing levels shall be reviewed at least annually by the Director of Health Services or designee.
11. The provider shall have the sole and exclusive right to hire and fire contractual personnel. A Superintendent may deny entrance of any contractual personnel to their facility. The Superintendent shall notify the Director of Health Services of such denial and the reason(s) for it as soon as is practical. The Director of Health Services will notify the Program Director as soon as possible.

The Director of Health Services may deny entrance of any contractual personnel to any or all sites, and shall notify the Program Director of such denial and the reasons for it as soon as is practical. Within one week of the denial the Director of Health Services, the Program Director, and the Superintendent of the effected site shall communicate the reasons for and circumstances surrounding the denial. After a review of the denial, along with any additional information concerning the situation resulting in the denial, the Director of Health Services shall render a

final decision regarding the initial denial of entrance and may elect to reinstate the individual or to uphold the denial status.

12. The contractual provider will submit to the Director of Health Services a written staffing plan, for each facility - all shifts, that assures a sufficient number of health services staff of varying types is available to provide adequate evaluations and treatment consistent with community standards. The Director of Health Services will review and approve the plan on an annual basis.
13. The Program Medical Director shall monitor the health services provided by all primary care physicians, psychiatrists, dentists, nurse practitioners, physician assistants, psychologists, either as independent contractors, employees or subcontractors and perform a formal annual peer review on each practitioner. Written peer review documentation will be kept by the Program Medical Director as confidential information according to current rules, regulations and laws. However, documentation shall be provided to the Director of Health Services indicating that a peer review has taken place, the date of the review, the name of the physician reviewed and that the review is duly recorded and filed in the office of the Program Medical Director.

The Program Medical Director shall provide the Director of Health Services with a copy of the most recent Peer Review policy and procedure, to include but not be limited to the peer review documentation process and sample forms which will be utilized throughout the process.

610.03 Role of the Division of Health Services

The primary role of the Division of Health Services is to supervise and provide an external organizational process for reviewing, planning, monitoring, and managing the quality and appropriateness of care provided to inmates by the contractual medical provider. The main focus of Health Services is to ensure contract compliance by monitoring and evaluating the quality and efficiency of the contractual services. (See 103 DOC 601, Division of Health Services Organization.)

The contractual provider shall participate in a quality assurance program established and required by the Director of Health Services and the contractual Program Director. The contractual provider shall provide documentation of its quality assurance efforts to the Health Services Director. The Medical contractor shall establish a system of internal review that will include the following:

1. participation in a multidisciplinary committee;
2. collection and analysis of data together with planning, intervention and reassessment;
3. evaluation of data to improve access, quality and utilization of resources;
4. onsite monitoring of outcomes through chart review, investigation of complaints, grievances and health records, review of medication practices and monitoring of corrective action plans;
5. review of all deaths, suicides, attempted suicides and illness outbreaks;
6. implement measures to resolve problems;
7. re-evaluate previously implemented measures;
8. incorporate measure in training plans;
9. maintain minutes and records of proceedings;
10. issue quarterly reports to the health authority of findings and corrective action plans;
11. comply with all legal requirements regarding peer review statutes and confidentiality of medical records.

610.04 Health Training for Correctional Personnel

1. The goal of the Department is to establish and maintain a training program such that correctional and other personnel are trained to respond to health-related situations. The contractual provider will work with the Department to provide education material and instruction on a variety of necessary medical and mental health issues, including but not limited to the following:
 - a. administration of first aid and CPR within a four minute response time,
 - b. recognizing the need for emergency care in life-threatening situations (i.e. chest pain and potential suicide);
 - c. methods of obtaining assistance;

- d. recognizing acute manifestations of certain chronic illnesses (i.e. seizures, intoxication and withdrawal, and adverse reaction to medication);
 - e. recognizing other chronic conditions (i.e. mental illness, retardation, chemical dependency and developmental disability);
 - f. response to emergency or disaster conditions;
 - g. monitoring of such chronic illnesses as diabetes, epilepsy, TB and AIDS;
 - h. completion of intake screening;
 - i. responses and treatment for the character disordered and sexually aggressive offenders,
 - j. procedures for appropriate disposition and referral to appropriate medical facilities or health care providers;
 - k. suicide risk identification and prevention; and
 - l. Precautions and procedures with respect to infectious and communicable diseases.
2. Each Superintendent or designee will ensure that:
- a. All correctional officers are trained annually in basic first aid;
 - b. All correctional officers are trained, certified and re-certified, in cardiopulmonary resuscitation (CPR) similar to that defined by the American Red Cross; and
 - c. At a minimum, one health-trained staff person or correctional officer per shift is trained in cardiopulmonary resuscitation (CPR) and recognition of symptoms of illnesses common to inmates.
3. Each facility shall follow a written suicide prevention and intervention procedure which has been approved by the Director of Health Services (refer to contractual mental health manual) as mandated by 103 DOC 650, Mental Health Services.
4. Each superintendent will ensure that a substantial portion of the staff present on each shift (i.e. 75% or more) had health training, that the training is current and the facility has an ongoing health training program.

610.05 Inmate Workers

In all Department facilities, inmate workers shall be prohibited from performing the following tasks:

1. Performing direct patient care services. This restriction, however, should not preclude inmates from participating in a certified vocational training program;
2. Scheduling health care appointments;
3. Determining access of other inmates to health care services;
4. Handling or having access to surgical and dental instruments, syringes, needles, medications, and health records;
5. Operating diagnostic or therapeutic equipment.
6. Inmates who are involved in handling biohazardous wastes (i.e. dirty linens or utensil) must receive appropriate training and materials (i.e. blood spill clean up, PPE).

610.06 Students, and Interns

Students and interns from the community shall be allowed to provide services in a facility Health Services Unit only upon the joint approval of the Director of Health Services, the facility Superintendent, and the Program Medical Director of the contractual provider. Wherever students and interns are utilized to assist in the delivery of health and mental health care services, the contractual provider shall establish a written job description which includes the basis of selection, required training, length of services, definition of tasks, supervision, and responsibilities.

1. All students and interns shall be oriented to the security regulations of the facility and responsible for compliance with these procedures.
2. All students and interns shall be oriented to the Department procedures governing Criminal Offenders Record Information (CORI) and shall be required to comply with these regulations.

3. Any students or interns who may be involved in health or mental health care delivery shall do so only under direct staff supervision commensurate with their level of training.
4. Prior to placement within a facility the student(s) or intern(s) must attend the Department of Correction New Employee Orientation Program (40 hour training program) as well as any training program(s) stipulated by the contractual provider.